Consumer Protections: Achieving Beneficiary Control and Choice

Duals Demonstration Stakeholder Meeting
December 12, 2011

Outline

1. Achieving Proper Care
- Appropriate/Accessible Care
- Care Coordination Models
- Individual Care Plans/ Carve Outs
- Adequate Care Coordination

2. Creating Effective Two-Way Site-Beneficiary Communication
- Meaningful Notice
- Accessible Communications

3. Achieving Proper Access and Delivery
- Network
- Oversight/Monitoring
- Appeals
- Benefit Package

4. Launching the System
- Enrollment
- Assessment
- Transition

Achieving Proper Care

Issues to consider:

- Programmatic accessibility is important, but need to consider: physical accessibility, community accessibility, document/ information accessibility and doctor/provider accessibility. How could sites do this?

- How should the state enforce accessibility?

- How could selected sites develop individual care plans and enable the enrollee to participate in their care?

- Could there be population carve outs in the demonstrations?

- How can there be a balance between care coordination and privacy?

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Creating Effective Two-Way Communication Between Sites and Beneficiaries

Issues to consider:

- How could sites test different modes of communication for beneficiaries' different needs?

- Beneficiaries need easy ways to understand their options – how could sites do that?

- How could the state address fear factor and explain benefits of organized care?

- Where could beneficiaries turn to if they have questions about their plan?

- How could the state educate counselors and providers of the benefit package, especially Medicare?

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Achieving Proper Access and Delivery

Issues to consider:

- How could the state ensure the development of proper networks?

- What would a single point of entry look like?

- What about people in rural areas? Rural communities get services from different providers in different locations.

- How could both Medicare and MedicCal appeals protections be merged to best serve the Duals group?
  - There are different appeals processes: regular & MERs
  - Are these current processes adequate?

- How could the state monitor the selected sites? What should be evaluation criteria for adequate provisions of benefits?

Launching the System

Issues to consider:

- Principles that drive enrollment in Medicare and MediCal are different. How could sites make the two programs work together?

- If passive enrollment is chosen, how could sites do it in a way to ensure consumers to chose their care team?

- What will an "opt-out" or "opt-in" look like?

- Patients follow their providers. Could sites enroll providers first and reach out to duals through the providers that are in the network?

- How could an assessment system properly evaluate social, medical, behavioral health needs?

- Looking at the SPD transition, how could assessments be improved?

- How could ensuring each person is properly assessed be balanced against over assessing?